

FILED MAR 19 1953

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

State File No. 9907

BIRTH NO. \_\_\_\_\_ REG. DIST. NO. 149 PRIMARY REG. DIST. NO. 1002 Registrar's No. 1206

1. PLACE OF DEATH a. COUNTY <b>Jackson</b>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <b>Missouri</b> b. COUNTY <b>Jackson</b>	
b. CITY (If outside corporate limits, write RURAL and give town) <b>Kansas City</b>		c. CITY (If outside corporate limits, write RURAL and give township) <b>Kansas City</b>	
c. LENGTH OF STAY (In this place) <b>26 Yrs.</b>		d. STREET ADDRESS (If rural, give location) <b>5400 Forest</b>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <b>Home 5400 FOREST</b>		3758	

3. NAME OF DECEASED (Type or Print) a. (First) <b>Junie</b> b. (Middle) <b>E.</b> c. (Last) <b>Jones</b>		4. DATE OF DEATH (Month) (Day) (Year) <b>Feb. 26 1953</b>	
5. SEX <b>Fe</b>	6. COLOR OR RACE <b>Wh</b>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <b>Widowed 2</b>	8. DATE OF BIRTH <b>June 24, 1862</b>
9. AGE (In years last birthday) <b>90</b>		10. KIND OF BUSINESS OR INDUSTRY <b>At Home</b>	11. BIRTHPLACE (State or foreign country) <b>Kentucky</b>
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <b>Housewife</b>		12. CITIZEN OF WHAT COUNTRY? <b>USA</b>	

13a. FATHER'S NAME <b>Francis M. Oldham</b>	13b. MOTHER'S MAIDEN NAME <b>Sarah E. Reynolds</b>	14. NAME OF HUSBAND OR WIFE <b>William Z. Jones</b>
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) <b>No</b>	16. SOCIAL SECURITY NO. <b>None</b>	17. INFORMANT'S SIGNATURE OR NAME <b>Miss Ollie Oldham</b> ADDRESS <b>5400 Forest K.C.</b>

18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c)  *This does not mean the mode of dying, such as heart failure, ashenia, etc. It means the disease, injury, or complication which caused death.	I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <b>Uremia</b>		INTERVAL BETWEEN ONSET AND DEATH <b>2 wks</b>
	ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <b>Arteriosclerosis</b>		
	DUE TO (c) <b>Arteriosclerosis</b>		
II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.			<b>446 X</b>

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION	20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>
21a. ACCIDENT SUICIDE HOMICIDE (Specify)	21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)	21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m.	21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>	21f. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from **Jan 15**, 1950, to **Feb 26**, 1953, that I last saw the deceased alive on **Feb 25**, 1953, and that death occurred at **7:29 a.m.**, from the causes and on the date stated above.

23a. SIGNATURE <b>Richard L. Jenner MD</b> (Degree or title)	23b. ADDRESS <b>1102 Grand Kansas City 640</b>	23c. DATE SIGNED <b>2/27/53</b>
24a. BURIAL, CREMATION, REMOVAL (Specify) <b>Burial</b>	24b. DATE <b>2-28-53</b>	24c. NAME OF CEMETERY OR CREMATORY <b>Platte City Cemetery</b>
24d. LOCATION (City, town, or county) (State) <b>Platte City Missouri</b>		

DATE REC'D BY LOCAL REG. <b>2-27-53</b>	REGISTRAR'S SIGNATURE <b>Theraldine Smith</b>	25. FUNERAL DIRECTOR'S SIGNATURE <b>McComas Funeral Home</b> ADDRESS <b>Smithville, Mo.</b>
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WRITE PLAINLY—USING UNFADING BLACK INK—MAKE A PERMANENT RECORD

AUG 24 1953

AUG 31 1953

AUG 3 1953

AUG 4 1953

AUG 4 1953

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me, or by.....

Student Embalmer No. ....

working under my personal supervision.

Student .....

Student Embalmer

Signed *Donald W. Hanks* .....

Licensed Embalmer No. *4528* .....

P. O. Address *Smithville, Missouri* .....

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license.)

If this body is not embalmed, fact should be so stated above.